

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519315

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	2		1			
4	1		1			
5			1			
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TOTAL IND.	1		1			
TOTAL DEP.	8	←	7	←	5	←
TOTAL CLAIMS	9	████████	5	████████	4	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████